

APPLICATION FOR LEAVE OF ABSENCE

I wish to apply for leave of absence from school to be granted to:-

Name of Pupil/Student:

Class:

Date of Proposed absence - From: To:

Reason for proposed absence:-

.....
.....

Total days requested in this application

Signature of Parent/Carer:

Date:

SLIP TO BE RETURNED TO PARENT/CARER

Pupil name:

Previous Absence Checked

Current Attendance %

Coded as Unauthorised

Coded as Authorised

Signed: Headteacher